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If this is an amended plan, please check the box at right; enter original Control No. above

TENNESSEE JOB TAX CREDIT BUSINESS PLAN

Applicable	Credit (Check t	he box next to the credit for w	hich you are applying):			
Standard J	Standard Job Tax Credit (Minimum investment of \$500,000 and at least 25 new qualified jobs)					
		T.C.A. Section 67-4-2109(c)(2)(I)(ii 00 new qualified jobs.]	i) [Minimum investment of one hund	dred million dollars		
		T.C.A. Section 67-4-2109(c)(2)(I)(ii 50 new qualified jobs.]) [Minimum investment of two hund	lred fifty million dollars		
		T.C.A. Section 67-4-2109(c)(2)(I)(i) 00 new qualified jobs.]	[Minimum investment of five hundr	red million dollars		
	Job Tax Credit per st 1,000 new qualifi		Minimum investment of one billion	dollars (\$1,000,000,000)		
(1) TAXPAYER						
(2) TAXPAYER	MAILING ADDRES	SS				
(3) ACCOUNT	NUMBER (FEIN) _					
(4) NORTHAM	ERICAN INDUSTR	Y CLASSIFICATION SYSTEM CO	DE (NAICS)			
		CAPITAL INVE	STMENT			
(5) AMOUNT						
(6) BEGIN/END	D DATE	/				
(7) DESCRIPT	ION OF PRINCIPAI	BUSINESS ACTIVITY:				
(8) DESCRIPTI						
		NEWLY CREATED TEN	NNESSEE JOBS			
FISCAL	YEAR END	TENN. JOB INCREASE	TOTAL TENN. JOBS	COUNTY		
(9)						
(10)						
(11)		·				
		SS PLANARE TRUE TO THE BEST OF MY PLAN MUST BE SIGNED BY THE TAX-	FOR DEPARTMENT	USE ONLY		
	Taxpayer Signature (Do	not print or use stamp.)	Department of Revenue Delegate			
Title	Date	Phone No.	Date			



INSTRUCTIONS FOR THE JOB TAX CREDIT BUSINESS PLAN

Line 1: Indicate the complete name of the taxpayer.

Line 2: Indicate the taxpayer's mailing address.

Line 3: Indicate the taxpayer's Federal Employer Identification Number.

Line 4: Indicate the taxpayer's North American Industry Classification System Code Principal Business Activity

(NAICS).

Line 5: List the total amount of the capital investment being made.

Line 6: Indicate the fiscal year(s) in which the capital investment will be made.

Line 7: Describe the taxpayer's principal business activity.

Line 8: Supply a brief, accurate description of the investment made and how the investment relates to the number

of jobs being created. Please attach any documentation which would support your description.

Lines 9-11: Indicate on these lines the plan for creating and filling the Tennessee jobs.

Line 12: THIS APPLICATION MUST BE SIGNED BY THE TAXPAYER. Do not print or use a signature stamp.

IMPORTANT

Each question on the business plan must be answered fully. A reply with a control number will be furnished after the business plan has been approved.

DUE DATE

Due on or before the last day of the fiscal year in which the capital investment is made.

MAILING ADDRESS

TENNESSEE DEPARTMENT OF REVENUE 500 DEADERICK STREET ANDREW JACKSON STATE OFFICE BUILDING P.O. BOX 190644 NASHVILLE, TENNESSEE 37219-0644

NEED ASSISTANCE?

For tax assistance call, (800) 397-8395 toll free in Tennessee, or if you are located in the Nashville area or out-of-state, call (615) 253-0700. For industrial recruitment information, call the Department of Economic and Community Development toll-free (800) 251-8594 from outside of Tennessee or (615) 741-3282 in Tennessee.

Level of credit available based on Section 67-4-2109 (c) of the Tennessee Code Annotated:

Minimum Required Capital Investment	Minimum Qualifying New Jobs Required	Per Job Credit Allowed	Duration of Additional Annual Credit
\$500,000	25	*\$2,000	Not Applicable
\$100,000,000	100	\$5,000	3 Years
\$250,000,000	250	\$5,000	6 Years
\$500,000,000	500	\$5,000	12 Years
\$1,000,000,000	1,000	\$5,000	20 Years

^{*}The credit is increased from \$2,000 to \$4,500 for jobs created in counties designated as economically distressed.